

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90044 042 ***150.00

DOCUMENT # M43459

1. Entity Name

ORMA & SONS, INC.



Principal Place of Business

~~4626 UNIVERSITY DRIVE~~
~~CORAL GABLES FL 33146-1149~~

Mailing Address

~~4626 UNIVERSITY DRIVE~~
~~CORAL GABLES FL 33146-1149~~

2. Principal Place of Business

601 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL

3. Mailing Address

601 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL



MOORE

CR2E034 (11/03)

4. FEI Number

59-2749987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~OMAN, EARL K.~~
~~4626 UNIVERSITY DRIVE~~
~~CORAL GABLES FL 33146-1149~~

7. Name and Address of New Registered Agent

Name RENALDY J. GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable)

601 Brickell Key Dr. # 201

City

Miami

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-04

DATE

FILE NOW!!! FEE IS \$150.00!

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ALCIVAR, ORLANDO
4626 UNIVERSITY DRIVE
CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ALCIVAR, ORLANDO
1901 BRICKELL Ave. Apt. 1008
MIAMI, FL. 33129 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLANDO ALCIVAR 3-30-04/305858-8361

Date

Daytime Phone #